

L22000062062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

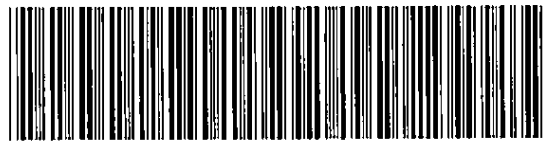
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR - 5 2023

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000405618390

2023 APR - 4 AM 8:23
SECRETARY OF
TREASURY
TALLAHASSEE, FLORIDA

RECEIVED
2023 APR - 4 PM 2:02
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 04/04/23

NAME: CENTRAL FLORIDA RESTAURANT BROKER, LLC

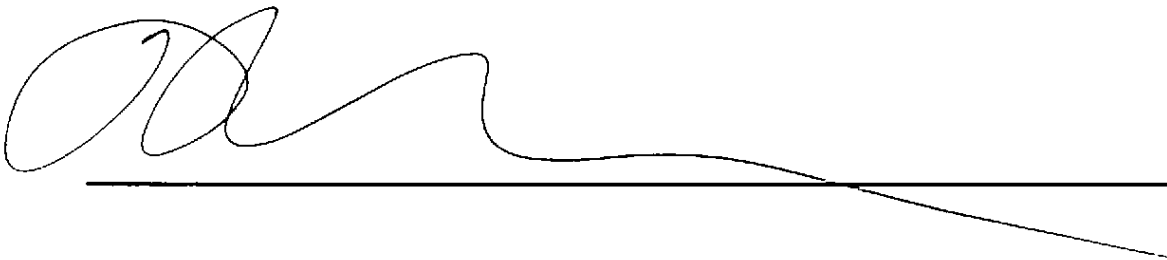
TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CENTRAL FORIDA RESTAURANT BROKER, LLC DBA WE SELL RESTAURANTS - C
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIRIAM BARRY-FERIOLI

Name of Person

CENTRAL FLORIDA RESTAURANT BROKER, LLC

Firm/Company

614 W HWY 50, #419

Address

CLERMONT, FL 34711

City/State and Zip Code

mel@wesellrestaurants.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRIAM BARRY-FERIOLI

407

832-6265

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2023 APR -4 AM 8:24
SECRETARY OF
STATE
TALLAHASSEE, FL
99

CENTRAL FLORIDA RESTAURANT BROKER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/7/2022 and assigned
Florida document number L22000062062.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12224 HOWEY CROSS RD

(Principal office address MUST BE A STREET ADDRESS)

CLERMONT, FL 34715

Enter new mailing address, if applicable:

614 W HWY 50, 419

(Mailing address MAY BE A POST OFFICE BOX)

CLERMONT, FL 34711

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PETER FERIOLI

New Registered Office Address:

12224 HOWEY CROSS RD

Enter Florida street address

CLERMONT

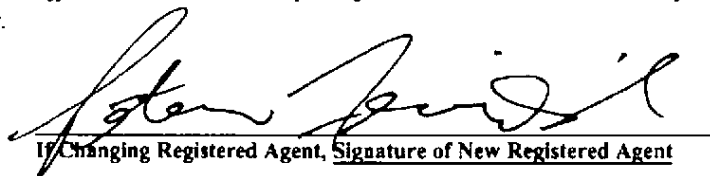
Florida 34715

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RODNEY HENSON	3824 CEDAR SPRINGS RD	<input type="checkbox"/> Add
		DALLAS, TX 75219	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	MIRIAM FERIOLI	614 W HWY 50, #419	<input type="checkbox"/> Add
		CLERMONT, FL 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLES D MEDALIE	7811 ASHLEY CIRCLE	<input checked="" type="checkbox"/> Add
		BRADENTON, FL 34201	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE PETER FERIOLI FROM PRESIDENT TO AMGR.

PETER FERIOLI WILL ALSO BE THE REGISTERED AGENT. PLEASE REMOVE DKRS, LLC

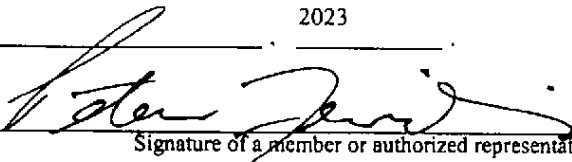
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 3, 2023



Signature of a member or authorized representative of a member

Peter Ferioli

Typed or printed name of signee

COVER LETTER

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